

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031144

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

44

FILED JUL 29 1963

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT. GROVE		c. CITY OR TOWN BURDINE Twp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MT. GROVE NURSING HOME		d. STREET ADDRESS (If outside, give location) 4 mi. SO. CABOOL	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE PATRICK KNIGHT		4. DATE OF DEATH Month Day Year 7 - 4 - 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-19-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVING		11. BIRTHPLACE (City and state or country) CHICAGO, ILL.	
13a. FATHER'S NAME KNIGHT		14. NAME OF HUSBAND OR WIFE FRANCES (DEC.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address ARTHUR KNIGHT, LYONS, ILL.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the esophagus Interval between onset and death 3 months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov. 13, 1962 to May 8, 1963 and last saw him alive on May 8, 1963 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ami Obasek MD		22b. ADDRESS Cabool, Mo.	
22c. DATE SIGNED 7/8/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-8-63	
23c. NAME OF CEMETERY OR CREMATORY CABOOL CEMET.		23d. LOCATION (City, town, or county) (State) CABOOL, MO.	
24. FUNERAL DIRECTOR ELLIOTT-GENTRY, CABOOL, MO.		25. DATE RECD. BY LOCAL REG. 7-17-1963	
26. REGISTRAR'S SIGNATURE Bernice Liberman			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

1 1141

2 1070

3

4 0

5 2

6

7 1

8 2

9 150X

10

11

12 86-0

13 2-0

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James L. Rentry

Licensed Embalmer No.

4718

P. O. Address

Calver, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.